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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A	For th	ne 2013 calendar year, or tax year beginning , 2013, and ending		,
₿		f applicable C	Employer	identification number
H		schange DELTA MEN'S ASSOCIATION, INC.	94-3	426924
님	Name o	1104 PORTIAND ROAD		
님	Initial re	IEUDORA AR 71640	870-	355-2337
\vdash	Termin	steu		
H		ed return tion pending	Number	Exemption •
G	Accou	unting Method X Cash Accrual Other (specify) ► H Check	► if th	e organization is not
ı	Webs	ite: ► N/A required		n Schedule B (Form
J	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c)() ◄(Insert no) 4947(a)(1) or 527 990, 99	0-EZ, or 9	990-PF)
		of organization Corporation Trust Association Other		
Ļ	Add I asset	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total ► \$	137,090.
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions	
ع.		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	1	48,800.
		Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	54.
	5 a	Gross amount from sale of assets other than inventory 5 a		
	l	Less cost or other basis and sales expenses 5b		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c	
		Gaming and fundraising events		
R		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
Ž		Gross income from fundraising events (not including \$ 13,800. of contributions		
REVENU	_	from fundraising events reported on line 1) (attach Schedule G if the sum		
Ē		of such gross income and contributions exceeds \$15,000) 6b 88,23		
		Less direct expenses from gaming and fundraising events 6c 31,19	02.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	- 6 d	57,044.
	7 a	Gross sales of inventory, less returns and allowances 7a	· ·	
	t e	Less cost of goods sold 7b	`	
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
		Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	105,898.
		Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O. 11	10	34,000.
S	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits OGDEN, UT	12	
∑Ľ	13	Professional fees and other payments to independent contractors	13	1,040.
£ N	14	Occupancy, rent, utilities, and maintenance	14	· · · · · · · · · · · · · · · · · · ·
CANNED	15	Printing, publications, postage, and shipping	15	
C	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	1,247.
S	17	Total expenses. Add lines 10 through 16	► 17	36,287.
₽	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	69,611.
ې\$	1	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year)	/ear	
ĦĒ.Ē.Ē	19	figure reported on prior year's return)	19	2,765.
SEP 254-2014	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
) 14	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶ 21	72,376.
-	A Fo	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2013)

Forn	990-EZ (2013) DELTA MEN'S ASS	OCIATION, INC.		94	-342	26924 Page 2
Rai	Balance Sheets (see the institute Check if the organization used Sche	ructions for Part II) dule 0 to respond to any qu	estion in this Part II			
22	Cash, savings, and investments			A) Beginning of ye		(B) End of year
23	Land and buildings		<u> </u>	2,765	23	72,376.
24	Other assets (describe in Schedule O)		<u> </u>		24	
25	Total assets			2,765	. 25	72,376.
26	Total liabilities (describe in Schedule O)			0		0.
27	Net assets or fund balances (line 27 of c			2,765	. [27]	72,376.
Pai	1 III Statement of Program Service Ac Check if the organization used Sch			X	(Rea	Expenses urred for section 501
What	is the organization's primary exempt purpose? SEE	SCHEDULE O	question in this r divini		(c)(3)) and 501(c)(4)
Desc	cribe the organization's program service as sured by expenses. In a clear and concise efited, and other relevant information for e	complishments for each of	its three largest progra	m services, as	4947	nizations and section (a)(1) trusts, optional
bene	efited, and other relevant information for e	ach program title	ces provided, the num	Der of persons	for of	thers)
28	HELD FUND-RAISER TO BENEF	IT ARKANSAS CHILDE	RENS HOSPITAL.			
	(Grants \$) If thi	s amount includes foreign g	rants chack here		28 a	2 207
29	(Grants \$) ii tiii	s amount includes loreign g	rants, check nere		20 a	2,287.
					1	
			- 		1	
	(Grants \$) If thi	s amount includes foreign g	rants, check here		29 a	
30						
	707				20	
31	(Grants \$) If the Other program services (describe in School)	s amount includes foreign g	rants, check here		30 a	
٦,		is amount includes foreign g	rants, check here	▶ 🗀	31 a	
32	Total program service expenses (add lin			<u> </u>	32	2,287.
	t IV List of Officers, Directors,		lovees (list each one eve	n if not compensated — :	see the i	
	Check if the organization used Sch		-			
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to emp- benefit plans, and de compensation	loyee	(e) Estimated amount of other compensation
	1 MOSLEY					
	CRETARY/TREAS	0	0	4	0.	0.
	ROY SIBLEY	0			ا م	0
	ESIDENT LE SCRIVNER	0	_0		0.	0.
ALC	CE PRESIDENT	0	0		0.	0.
	VID MCNEMAR				<u> </u>	
	RECTOR	0	0		0.	0.
JAN	MES_D_BILBERRY, JR.			T		
	RECTOR	0	0		0.	0.
	BERT MCNEMAR	0			ا ہ	•
וות	RECTOR	0	0	+	0.	0.
				 		
			<u> </u>			
					-	
	-			+		
				1		
BAA		TEFA0812L 1	1/27/13			Form 990-F7 (2013)
$-\sim \sim \sim$		TEFAUXIOL 1	11/2/11/3			= Orm MMII = / ('2/11 4\

Page 3

the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	OOLE		X
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	-		<u> </u>
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b Did the organization file Form 1120-POL for this year?	37 b		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	<u>م</u>		
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	A		
b Gross receipts, included on line 9, for public use of club facilities [39 b]	A		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			
section 4911 • 0., section 4912 • 0., section 4955 • 0.			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			,
on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		<u>X</u>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0	.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed	_		1
by the organization 0	<u>-</u>	-	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE	40 e		<u> </u>
shelter transaction? If 'Yes,' complete Form 8886-T	355	-233 Yes	No X
shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed NONE 42a The organization's books are in care of TOM MOSLEY Telephone no Located at 248 PORTLAND ROAD EUDORA AR ZIP + 4 71640 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S?	355		No.
shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE 42a The organization's books are in care of TOM MOSLEY Telephone no Located at 248 PORTLAND ROAD EUDORA AR Located at 248 PORTLAND ROAD EUDORA AR List the states with which a copy of this return is filed NONE Telephone no (870) Located at 248 PORTLAND ROAD EUDORA AR ZIP + 4 71640 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_355 		No X
shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filled NONE 42 a The organization's books are in care of TOM MOSLEY Telephone no (870) Located at 248 PORTIAND ROAD FUDORA AR IP + 4 71641 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	_355 		No X
shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed \(\) NONE 42 a The organization's books are in care of \(\) TOM MOSLEY Located at \(\) 248 PORTLAND ROAD EUDORA AR ZIP + 4 \(\) 71 641 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country \(\) See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country \(\) 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	355 42b 42c 42c	Yes	No X N/A N/A No X
shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed > NONE 42 a The organization's books are in care of > TOM MOSLEY Telephone no > (870) Located at > 248 PORTLAND ROAD EUDORA AR ZIP + 4 > 71641 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country > See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country > 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?	355 42b 42c	Yes	No X N/A N/A N/A No X
shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed \(\) NONE 42 a The organization's books are in care of \(\) TOM MOSLEY Located at \(\) 248 PORTLAND ROAD EUDORA AR ZIP + 4 \(\) 71 641 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country \(\) See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country \(\) 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	355 42b 42c 42c	Yes	No X N/A N/A N/A NO X
shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed NONE 42 a The organization's books are in care of POM MOSLEY Telephone no Located at PORTIAND ROAD EUDORA AR 2IP + 4 PORTIAND ROAD EUDORA A	42b 42c 42c	Yes	No X N/A N/A N/A NO X
shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed \(\backsquare \) NONE 42 a The organization's books are in care of \(\backsquare \) TOM MOSLEY Telephone no \(\backsquare \) (870). 10 Located at \(\backsquare \) 248 PORTLAND ROAD EUDORA AR 2IP + 4 \(\backsquare \) 71641 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \(\backsquare \) See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country \(\backsquare \) 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?	42b 42c 42c 44a 44b 44c 44d	Yes	No X N/A N/A No X X

Form 990-I	EZ (2013) DELTA MEN'S ASSOCIA	ATION, INC.		94-342	26924	Р	age 4
	he organization engage, directly or indire		gn activities on behalf	of or in opposition to	46	Yes	
Part VI	Section 501(c)(3) organizations				40		<u> X</u>
1 414 41	All section 501(c)(3) organizations for lines 50 and 51.		uestions 47-49b an	nd 52, and complete	the table	s	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI				
45 5						Yes	No
comp	ne organization engage in lobbying activities plete Schedule C, Part II				47		Х
	e organization a school as described in se	* * * * * * * * * * * * * * * * * * * *	·	edule E	48		X
	he organization make any transfers to an es,' was the related organization a section	·	related organization,		49 a		<u>X</u>
	blete this table for the organization's five high		vees (other than officers.	. directors, trustees and k	L		
	byees) who each received more than \$100,0				-,		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE_							
				<u> </u>			
51 Comp	number of other employees paid over \$1 olete this table for the organization's five high	nest compensated indepe	endent contractors who e	ach received more than \$	100,000 of		
	pensation from the organization. If there is (a) Name and business address of each independent or		(b) Type	of service	(c) Comp	ensation	<u> </u>
NONE							
							
							
d Total	number of other independent contractors	s each receiving over \$	100 000		L		
52 Did tl	he organization complete Schedule A? Natable trusts must attach a completed Sch	ote. All section 501(c)(947(a)(1) nonexempt	X Yes		No
Under penaltie true, correct a	es of perjury. I declare that Fhave examined this return, and complete Declaration of paparer (other than office	including accompanying sche r) is based on all information o	dules and statements, and to the first which preparer has any know	ne best of my knowledge and be riedge	lief, it is		
	Signature deofficer			Date			
Sign Here		osky					
	Print/Type preparer's name	Preparer's signature	Date		TIN		
Da:J	STEPHEN N MONTGOMERY	11 14	COMERY 8/13/2	Check if self-employed F	0042862	2	
Paid Preparer		FORM, CPA'S, P	V		30.2002		
Use Only	Firm's address > 202 WEST LYNN S			Firm's EIN ►	71-0765	675	
	MC GEHEE, AR 71	654		Phone no (87			
May the IR	S discuss this return with the preparer sh	nown above? See instri	uctions		► X Yes		No (2013)
					Form 99 0	J-E.Z ()	ZUI3)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

DELTA MEN'S ASSOCIATION, INC. 94-3426924 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(bX1XAXi). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Non-functionally integrated Type III - Functionally integrated Type 1 d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (ii) EIN (vii) Amount of monetary (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (vi) Is the (iv) is the organization in column (i) organized in the US? organization in column (i) listed in your governing document? (see instructions)) Yes Yes Yes No No No (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see in:	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second, th	ard, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ []
	tion C. Computation of Pul						
	Public support percentage for 20			ne 11, column (f))		14	%
	Public support percentage from					15	<u> </u>
16	a 33-1/3% support test — 2013. If and stop here. The organization	the organization qualifies as a pu	did not check the iblicly supported o	box on line 13, a rganization	nd the line 14 is 3	3-1/3% or more, ch	neck this box
1	o 33-1/3% support test — 2012. If t and stop here. The organization	he organization qualifies as a pi	did not check a boublicly supported of	ox on line 13 or 16 organization	oa, and line 15 is 3	33-1/3% or more, c	heck this box
17	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop her	e. Explain in Part l'	V how
	or more, and if the organization organization meets the 'facts-and	meets the 'facts- d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part I ed organization	V how the ►
18	Private foundation. If the organi	zation did not ch	eck a box on line	13, 16a, 16b, 17a	, or 17b, check the	s box and see insti	ructions

Rart III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions						
	and membership fees received (Do not include	:					
	received (Do not include any 'unusual grants')	14,573.	7,255.	11,150.	7,500.	48,800.	89,278.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	27,605.	56,423.	46,976.	72,379.	88,236.	291,619.
3	Gross receipts from activities	27,003.	30,423.	40,570.	12,515.	00,230.	201,010.
	that are not an unrelated trade or business under section 513	_			_		0.
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,,		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	42,178.	63,678.	58,126.	79,879.	137,036.	380,897.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)						380,897.
	tion B. Total Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	42,178.	63,678.	58,126.	79,879.	137,036.	380,897.
	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511	35.	78.	41.	13.	54.	221.
	taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	35.	78.	41.	13.	54.	221.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	33.					0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13	Total Support. (Add Ins 9,10c, 11 and 12)	42,213.	63,756.	58,167.	79,892.	137,090.	381,118.
14							2)
1-7	First five years. If the Form 990 organization, check this box and	is for the organiza	ition's first, secon	d, third, fourth, oi	fifth tax year as	a section 501(c)(▶ 🗍
	organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 501(c)(³⁾ ▶ ∏
Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	stop here blic Support P	ercentage		fifth tax year as	a section 501(c)(P
Sec 15	tion C. Computation of Pul Public support percentage for 20	blic Support P 013 (line 8, column	ercentage (f) divided by line		fifth tax year as		99.94 %
Sec 15 16	etion C. Computation of Pul Public support percentage for 20 Public support percentage from 20	blic Support P 013 (line 8, column 2012 Schedule A,	ercentage n (f) divided by line Part III, line 15		fifth tax year as	15	99.94 %
Sec 15 16 Sec	etion C. Computation of Pul Public support percentage for 20 Public support percentage from 20 Public support percentage from 20 tion D. Computation of Inv	blic Support P 13 (line 8, column 2012 Schedule A, estment Incom	ercentage n (f) divided by line Part III, line 15 ne Percentage	e 13, column (f))		15	99.94 % 99.91 %
5ec 15 16 Sec 17	etion C. Computation of Pul Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage from	blic Support P 013 (line 8, column 2012 Schedule A, restment Incom or 2013 (line 10c,	ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided	e 13, column (f)) I by line 13, colur		15 16	99.94 % 99.91 %
Sec 15 16 Sec 17 18	rion C. Computation of Pul Public support percentage for 20 Public support percentage from 20 Public support percentage from 20 Public support percentage from 20 Investment income percentage from 20 Investment income percentage from 20 20 33-1/3% support tests — 2013. If	blic Support P 13 (line 8, column 2012 Schedule A, estment Incon or 2013 (line 10c, rom 2012 Schedul the organization	ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the	e 13, column (f)) I by line 13, colur 17 box on line 14, a	nn (f)) nd line 15 is more	15 16 17 18 e than 33-1/3%, a	99.94 % 99.91 % 0.06 % 0.09 %
Sec 15 16 Sec 17 18 19 a	etion C. Computation of Pul Public support percentage for 20 Public support percentage from 20 Public support percentage from 20 Etion D. Computation of Inv Investment income percentage for Investment Investme	blic Support P 13 (line 8, column 2012 Schedule A, estment Incon or 2013 (line 10c, rom 2012 Schedul if the organization this box and stop	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the here. The organi	by line 13, column (f)) I by line 13, column To box on line 14, a zation qualifies a box on line 14 or line	nn (f)) nd line 15 is more s a publicly suppo ne 19a, and line 1	15 16 17 18 e than 33-1/3%, a prited organization 6 is more than 3	99.94 % 99.91 % 0.06 % 0.09 % nd line 17 3-1/3%, and

		(Form 990 or 990-EZ) 2013	DELTA MEN'S	ASSOCIATION	, INC.	94-3426924	Page 4
	Part IV	Supplemental Informa or 17b; and Part III, Iir (See instructions).	ation. Provide the 12. Also comp	e explanations re lete this part for	equired by Part I any additional in	I, line 10; Part II, line 17a iformation.	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 2013

Open to Public

Name of the organization Employer identification number 94-3426924 DELTA MEN'S ASSOCIATION, INC. Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key Yes No employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (vi) Amount paid to (or retained by) (i) Name and address of individual (v) Amount paid to (ii) Activity (III) Did fundraiser (iv) Gross receipts or entity (fundraiser) have custody or control of contributions? from activity (or retained by) fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2013 DELTA MEN'S ASSOCIATION, INC. 94-3426924 Part II | Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) WILD GAME SUPP NONE through column (c)) (total number) (event type) (event type) 1 Gross receipts 102,036. 102,036. 2 Less Charitable contributions 13,800. 13,800 Gross income (line 1 minus line 2) 88,236 88,236. Cash prizes Noncash prizes 6,218 6,218. DIRECT Rent/facility costs 3,851 3,851. 7 Food and beverages 11,887 11,887. Entertainment Other direct expenses 9,236. 9,236. <u>31,</u>192. 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) 57,044. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (a) Bingo bingo/progressive bingo (add column (a) through column (c) REVENUE Gross revenue 2 Cash prizes DIRECT 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes કૃ No 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? Yes No b If 'No,' explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain

Sche	dule G (Form 990 or 990-EZ) 2013 DELTA MEN'S ASSOCIATION, INC.	4-3426	924	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		 Yes	No
12	Indicate the percentage of gaming activity operated in	1 1		
	The organization's facility	13a		%
	An outside facility	13b		<u>_</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name •			
	Address •			
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenu	e ⁷	Yes	∏No
	If 'Yes,' enter the amount of gaming revenue received by the organization \$ and t			
	of gaming revenue retained by the third party ► \$			
c	If 'Yes,' enter name and address of the third party			
	Name •			
	Address ►			
16	Gaming manager information			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided •			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		_[]Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
Par	organization's own exempt activities during the tax year > \$ t IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	lumne (u) and (·//
T ai	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information (see instructions).	y addition	onal	. v),
			_	
				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer identification number				
DELTA MEN'S ASSOCIATION, INC.	94-3426924				
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE					
TO RAISE MONEY FOR CHARITABLE CAUSES.					
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSON	AL BENEFIT CONTRACTS				
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS	, DIRECTLY OR				
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO				
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIR	ECTLY OR				
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO NO				

2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

DELTA MEN'S ASSOCIATION, INC.

94-3426924

FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

DONEE'S NAME:

ARKANSAS CHILDRENS HOSPITAL LITTLE ROCK, AR

NONE

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

\$ 30,000.

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

PENALTY REPAIRS AND MAINTENANCE

260. 987. 1,247. TOTAL \$

2013 FEDERAL SUPPORTING DETAIL **DELTA MEN'S ASSOCIATION, INC.** FUNDRAISING AND GAMING OTHER DIRECT EXPENSES WILD GAME SUPPER 7,694. \$ SUPPLIES INSURANCE 1,126. 9,236. SERVICES TOTAL \$

PAGE 1

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416.